	PATENT A	RD		(19	7	827	21					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL	EN.	my. I ⊃	O R	OTHER SMALL	
TO	TAL CLAIMS						1	HATE	T	FEE		RATE	FEE
FO			NUMBER FILED		NUMBER EXTRA		ı	BASIC F	EE	385 00	ОЯ	BASIC FEE	770.00
	TAL CHARGEA	DI'S CLAIMS	minus 20=		•			XS 9=			OR	X\$18=	
			minus 3 =		•			.X43=			OR	X86=	
	EPENDENT CL				L						UH		
		DENT ÇLAIM PI					+145=			OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR	TOTAL	
(Column 1) (Column 2) (Column 3)							1	SMAL	LE	NTITY	OR	OTHER SMALL	ENTITY
ΤA		CLAIMS REMAINING AFTER		HIGH NUM PREVIC PAID		PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	AMENOMENT	Minus	- 2	<u> </u>	. —		X\$ 9=	.]		ОЯ	X\$18=	
	Independent	. 3	Minus	··· /	5	•		X43=	1		OR	X86=	·
3	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						g.	+145=	.		OR	+290=	
								TOT			UP	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)									ee L			AUDII. 1 EE	
TB	619/05	(Column 1) CLAIMS REMAINING AFTER		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	6/9/03 Total	AMENDMENT . 20	Minus	- E	33.	3	1	X\$ 9:	.]		OR	X\$18=	
SENT THE	Independent	. 3	Minus		3	-	Ħ	X43=	.		OR	X86=	
M	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145			OR	+290=	
									AL		ОЯ	TOYAL ADDIT, FEE	
ADDITITED ADDITI													
_		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	1		7	ADDI-	1		ADDI-
TC	•	REMAINING AFTÉR		NUI PREV	MBEA IOUSLY FOR	PRESENT EXTRA	H	RATE		TIONAL		RATE	TIONAL FEE
AMENDMENT C	Total	-26	Minus	-	37	- /.	1	X\$ 9:	-		OR	X\$18=	
Ž	Independent	. 2	Minus	***	5	1/		X43=			OR	X86=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-		1	+290=	1
_								+145			OR	TOTAL	
*	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE	
	nt the "Highest No The "Highest Nu	mber Previously P	Paid For IN Ti aid For (Total	-ris space or indepen	is less the dentile is the	an 3, enter 3. e highest numi	er to	und in thi	e aps	propriate be	ox In C	olumn 1.	· · · · · ·

Application or Docket Number